



OFFICIAL COMMUNICATION

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Facsimile Transmittal

DATE: 8/1/05
TO: Amendment
Commissioner for Patents
ATTN: Examiner: Carol Tsai
Art Unit: 2857

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FROM: Donald C. Kordich, Attorney for Applicant
Registration No. 38,213

Total Number of Pages Sent: 10 (including this transmittal cover sheet)

FILING BY FACSIMILE:

ATTORNEY DOCKET NO.: 020026

ENCLOSED ARE:

- Amendment (8 pages)
- Transmittal (in duplicate)

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APPLICANT: Patrick, et al.
ASSIGNEE: QUALCOMM Incorporated
SERIAL NO.: 10/687,478
FILED: October 16, 2003
FOR: PROCEDURE FOR ESTIMATING A PARAMETER OF A LOCAL MAXIMA OR MINIMA OF A FUNCTION

Please contact Victoria J. Pacey at (858) 651-3411 if all pages do not transmit.

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10 of 20

PTO/SB/21

U.S. Department of Commerce
Patent and Trademark Office
PATENT**AMENDMENT TRANSMITTAL FORM**Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450Customer No.: 23696
Attorney Docket No.: 020026
In Re Application of: Patrick, et al.
Serial Number: 10/687,478
Filed: October 16, 2003
Examiner: Carol Tsai
Group Art Unit: 2857

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

| CLAIMS | (a) Number Remaining After Amendment | (b) Highest Number Previously Paid For | (c) Extra Claims | Large Entity Fee | Fee Paid | |
|--|--------------------------------------|--|------------------|---|-----------------|----------|
| Total* | 31 | 55 | 0 | x \$50 = | \$0 | |
| Independent** | 3 | 4 | 0 | x \$200 = | \$0 | |
| Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | \$360 | \$ | |
| EXTENSION FEES | | | | <input checked="" type="checkbox"/> One Month | \$120 | \$120.00 |
| | | | | <input type="checkbox"/> Two Months | \$450 | \$ |
| | | | | <input type="checkbox"/> Three Months | \$1020 | \$ |
| TERMINAL DISCLAIMER | | | | \$130 | \$ | |
| | | | | TOTAL FEE | \$120.00 | |

*If the number in column a is less than 20, enter 0 in column c.

**If the number in column a is less than 3, enter 0 in column c.

4. ☐ Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
5. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$120.00.
The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.26 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: August 1, 2005

Signature: Donald C. Kordich, Reg. No. 38,213
Phone No. (858) 658-5928QUALCOMM Incorporated
Attn: Patent Department
5775 Morehouse Drive
San Diego, California 92121-1714
Telephone: (858) 658-5787
Facsimile: (858) 658-2502**CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))**

I hereby certify that this correspondence is, on the date shown below, being:

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(TRANSAMD.VER1.13-04/30/04)

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020026

10/687,478

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

Examiner: Unknown

Patrick, et al.

Group Art Unit: Unknown

Application No.: 10/687,478

Filed: October 16, 2003

For: PROCEDURE FOR ESTIMATING A
PARAMETER OF A LOCAL MAXIMA OR
MINIMA OF A FUNCTION

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RESPONSE TO NOTICE OF NON-COMPLIANT AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22331-1450

Dear Commissioner:

Please enter the following amendment and amend the above-captioned application before examination as follows:

I hereby certify that this correspondence is being sent via facsimile addressed to the Commissioner of Patents, Alexandria, VA 22313, on:

August 1, 2005

(Date of Deposit)

Victoria J. Pacey

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08/05/2005 SSITHIB1 00000012 170026 10687478

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